City of Newark Department of Parks and Recreation Activity Registration Form

Please print and fill out completely.

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RESPONSIBLE ADULT First Name Must reside within the corporate limits of New Resident* Non-resider Resident* Non-resider			
Mailing Address Birthdate			
City State Zip Code	_		
Home Phone Work Phone Cell Phone	_		
Email Address Please check if you would like to have receipt and information emailed to you.			
PARTICIPANT INFORMATION			
First Name M.I. Last Name Sex Birthdate Age	۱ ۲		
Activity Number Activity Name Total Fee	<u> </u>		
	-		
First Name M.I. Last Name Sex Birthdate Age			
]		
Activity Number			
-			
HEALTH INFORMATION TOTAL AMOUNT \$.			
Does participant have any allergies? Yes No			
If yes, Please explain:			
Does participant have any physical or mental conditions that might require special consideration/attention? Yes No			
If yes, please explain	_		
ADDITIONAL INFORMATION FOR YOUTH SPORTS LEAGUES			
Sports program (please circle one) Basketball Soccer			
League Name Last Year's Team (if in same league)			
Shirt Size (please circle one) Y/M Y/L A/S A/M A/L A/XL Is sibling in same league? Yes No Name			
Is parent interested in coaching? Yes No NamePhone number Email			
Emergency Release Waiver			
I, the undersigned (or parent or guardian of) hereby authorize the City of Newark , Department of Parks and Recreation and emergency care			
personnel to provide and render necessary medical care and treatment of myself and/or the asforesaid child for any illness or injury, which may be suffered at any time while participating in Department of Parks and Recreation programs. It is understood that time permitting, specific permission from parent/guardian or family member			
will be secured in the event of any medical treatment or surgery is to be undertaken, but that, should an emergency arise, this authorization and consent will cover such an event. Also, I/we hereby accept responsibility for any accident which may occur in connection with this recreation activity, hold harmless the City of Newark, and all			
other parties involved in the promotion and/or conducting of the above named activity. As well, I/we understand that the City of Newark provides NO insurance coverage			
for this activity. I give permission for myself and/or my child to be photographed while participating and/or attending a Parks & Recreation activity. I understand that photos may be used in future publicity.			
Signature (If under 18, parent/guardian must sign) Date/			
The activities offered by the Newark Parks and Recreation Please return registration form with payment to: Payment type: Cash Check Credit Card Security Code Payment type: Cash Check Credit Card Security Code			
Department are accessible to individuals with disabilities. Newark Parks & Recreation Department are any reasonable accommodations that we 220 South Main Street			
night need to make for the participant to fully participate on this/these activities, please call the Parks and Recreation Newark, DE 19711	7		
ffice to discuss the matter with the activity supervisor(s). Fax (302) 366-7169 Exp. Date / Name on card (Print)	_		

If you have questions about any of our programs, please call (302) 366-7000 or email parksrec@newark.de.us.

City of Newark Department of Parks and Recreation Activity Registration Form For Camp and Extended Youth Activities

Please print and fill out completely for Day Camps, Sports Camps, Before/After care and Schools Out			
Responsible Adult First Name *Must reside within the corporate limits of Resident* Non-res			
] '		
Mailing Address Birthdate	_ '		
City State Zip Code	!		
City State Zip Cote			
Home Phone Work Phone Cell Phone	<u> </u>		
Email Address			
Please check if you would like to have receipt and information emailed to you	1 1		
Participant Information	u.		
First Name M.I. Last Name Sex Birthdate Ag	e		
Activity Number Activity Name Total Fee			
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	+		
	<u></u>		
Supplemental Information TOTAL (From this sheet and others attached) \$.			
1. Parent/Guardian Name Cell Phone Work Hours Cell Phone			
Parent/Guardian Name Cell Phone Work Phone Work Hours Cell Phone			
Home Phone			
Emergency Contact Name Cell Phone Cell Phone			
2. Person other than the parent/guardian to whom the child may be released			
3. Child's Doctor Phone			
4. Medical Insurance Company Policy /Group Number(s)			
5. Is child under medical care? If yes, please explain			
6. Is it necessary for child to take medication during the program hours? If yes, please explain			
7. Date of most recent DPT shot			
Does child have any allergies? If yes, please explain			
8. My child is permitted to participate in all activities to include short walking trips under the supervision of the program staff.			
Emergency Release Waiver			
I, the undersigned (or parent or guardian of			
The activities offered by the Newark Parks and Recreation Department are accessible to individuals with disabilities. If there are any reasonable accommodations that we might need to make for the participant to fully participate in this/these activities, please call the Parks and Recreation Office to discuss the matter with the activity supervisor(s). Please return registration form with payment to: Newark Parks & Recreation Department 220 South Main Street Newark, DE 19711 Fax (302) 366-7169 Payment type: Cash Check Credit Card Security Code Card # Exp. Date / Name on card (Print) Make check(s) or money order payable to: CITY OF NEWARK			

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